



TOWN OF BROOKFIELD HEALTH DEPARTMENT

100 Pocono Road ▪ Brookfield, CT ▪ 06804
Phone: 203-775-7315 Fax: 203-740-7677
www.brookfieldct.gov

OFFICE USE ONLY:

Fee Paid: ☐ YES ☐ NO

Approved by _____

Date _____

LICENSE# _____

APPLICATION FOR LICENSE TO OPERATE A SALON/PERSONAL CARE STUDIO

☐ License Renewal

☐ Change of Ownership

☐ New

☐ Change of Operation

BUSINESS NAME _____ ADDRESS _____

ESTABLISHMENT PHONE # _____ FAX _____ EMAIL _____

Type of Operation: ☐ Beauty Salon ☐ Nail Salon ☐ Hair dresser ☐ Barber Shop ☐ Other _____

SERVICES PROVIDED _____

OWNER NAME _____ PHONE # _____ CELL# _____

OWNER ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

EMAIL _____ STATE LICENSE # _____

All information & correspondence is to be sent to (check one): ☐ OWNER ☐ BUSINESS

Number of: Manicure Stations _____

Pedicure Bays _____

Hairdressing Chairs _____

Individual Service Rooms _____

Total # _____

Enclosed is the appropriate license fee of \$_____.

\$50.00 for first 3 stations, bays, chairs or indiv. service rooms.

\$10.00 for each additional beyond 3, Max. \$100.00.

SEWAGE DISPOSAL:

☐ Septic System

☐ Public Sewer

SOURCE OF WATER SUPPLY:

☐ On-Site Well

☐ Public Water Co.

HOURS OF OPERATION:

MONDAY _____

TUESDAY _____

WEDNESDAY _____

THURSDAY _____

FRIDAY _____

SATURDAY _____

SUNDAY _____

I certify that the information provided here is accurate and correct. I understand that this license may not be issued, or may be suspended/revoked for noncompliance with *the Brookfield Salon, Spas, Barbering, Manicure, and Personal Care Studio Licensing Ordinance* and/or the *State of Connecticut Public Health Code*.

Applicant Signature and Title

Date

Prior to change in ownership or in business name a new application must be forwarded to the Health Department
(Licenses are not transferable).